

SUPPLEMENTAL LEASE AGREEMENT

SUPPLEMENTAL LEASE AGREEMENT NO.	TO LEASE NO.	DATE	PAGE
3	GS-06P-11008	JUN 11 2012	1 OF 2

ADDRESS OF PREMISES

550 West Douglas Avenue, Wichita, Kansas 67203-6102

THIS AGREEMENT, made and entered into this date by and between PH PROPERTIES, LLC

whose address is 1522 South Florence
Wichita, Kansas 67209-2634

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above lease.

NOW THEREFORE, these parties for the considerations hereinafter mentioned covenant and agree that the said lease is amended effective May 23, 2012 as follows:

1. By correspondence dated May 22, 2013, the Government issued a Notice to Proceed with Tenant Improvements totaling \$966,663.00. Of that amount, \$416,102.18 will be amortized in the rent as specified in the Lease.

Upon completion, inspection, and acceptance of the work as substantially complete by the Contracting Officer or his/her representative, and submission of a proper invoice, the Government shall pay the Lessor a lump sum payment in the amount of \$550,560.82 for build-out costs in excess of the Tenant Improvement Allowance. Payment is contingent upon receipt of a proper invoice, which shall include:

- Name of the Lessor, which must appear exactly as shown on the Lease.
- Invoice date. *p30020114 @ R ent*
- GSA PDN # *noted at top of invoice.*
- Lease contract number (GS-06P-11008), Supplemental Lease Agreement Number (SLA 3), and address of leased premises.
- Description, price, and quantity of property and services actually delivered or rendered.
- "Remit to" address.
- Name, title, phone number, and mailing address of person to be notified in the event of a defective invoice.


Invoice must be either submitted on company letterhead or signed by the person with whom the lease is made. The original invoice must be sent directly to the GSA Finance Office at the following address:


General Services Administration
FTS and PBS Payment Division
P.O. Box 17181
Fort Worth, TX 76102

See page 2, which is attached hereto and made part hereof.

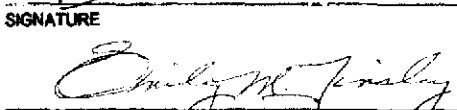
IN WITNESS WHEREOF, the parties hereto have hereunto subscribed their names as of the date first above written.

LESSOR

SIGNATURE 	NAME OF SIGNER Christopher Rossin
ADDRESS	

IN THE PRESENCE OF (SIGNATURE) 	NAME OF SIGNER James ERHART
----------------------------------------------------------------------------------------------------------------------	--------------------------------

UNITED STATES OF AMERICA

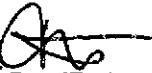
SIGNATURE 	NAME OF SIGNER Emily M. Tinsley
	OFFICIAL TITLE OF SIGNER Lease Contracting Officer

A copy of the invoice must be provided to the following address:

General Services Administration
Attn: Gayle Shepard, Leasing Specialist
West Leasing Services (Code 6PRW)
1500 East Bannister Road
Kansas City, MO 64131
Fax: 816-926-8307

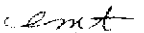
2. The Lessor hereby waives restoration as a result of all improvements.
3. All other terms and conditions of the lease shall remain in force and effect.

Initials:



Lessor

&



Gov't

GS-06P-11008
SLA #3